

L08000081703

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

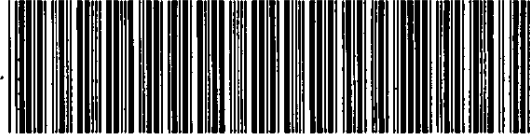
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/09/16--01046--017 **25.00

FILED
2016 MAY 12 P 4:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 13 2016

SWARREN



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 10, 2016

MAHESH DHINGRA
1200 E. ALTAMONTE DRIVE, SUITE 1020
ALTAMONTE SPRINGS, FL 32701

SUBJECT: CASUAL FURNITURE CENTER, LLC
Ref. Number: L08000081703

We have received your document for CASUAL FURNITURE CENTER, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is P04000133082 ALEXANDER & SHERIDAN USA, INC..

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 116A00009827

Mason, Stacey M.

From: Samantha Warren <samantha.warren@alexsher.com>
Sent: Friday, May 13, 2016 7:11 PM
To: 'Mahesh R. Dhingra'
Cc: Mason, Stacey M.
Subject: Name change -Casual Furniture Center LLC.ref File no : L08000081703

Stacey M. Warren
Department of State
Division of Corporations
LLC Section
(850) 245-6097
May 13th 2016

ref File no : L08000081703

Dear Ms. Mason,

Reference to my phone call a few minutes ago. I own a 100% of Alexander & Sheridan USA Inc. and also own 100% of Casual Furniture Center LLC.

I give my permission to Casual Furniture Center LLC to change their name to Alexander & Sheridan USA LLC.
Please register this change in your records and also online.

Please confirm receipt of this email to richi.dhingra@alexsher.com.

Thank you and have a great weekend.

Regards

Mahesh Richi Dhingra

From: Mahesh R. Dhingra [mailto:richi.dhingra@alexsher.com]
Sent: Friday, May 13, 2016 1:01 PM
To: Samantha Warren <samantha.warren@alexsher.com>
Subject: Fwd: REPLY

Sent from my iPad

Begin forwarded message:

From: "Mason, Stacey M." <Stacey.Mason@dos.myflorida.com>
Date: May 13, 2016 at 4:00:29 PM EDT
To: "RICHI.DHINGRA@ALEXSHER.COM" <RICHI.DHINGRA@ALEXSHER.COM>
Subject: REPLY

COVER LETTER

**TO: , Registration Section
Division of Corporations**

SUBJECT: CASUAL FURNITURE CENTER, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MAHESH DHINGRA

Name of Person

CASUAL FURNITURE CENTER, LLC

Firm/Company

1200 E ALTAMONTE DR SUITE 1020

Address

ALTAMONTE SPRINGS, FL 32701

City/State and Zip Code

PING.DHINGRA@ALEXSHER.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MEHESH DHINGRA

407

766-5282

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CASUAL FURNITURE CENTER, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/24/2014 and assigned
Florida document number L08000081703

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ALEXANDER & SHERIDAN USA, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1200 E ALTAMONTE DR. SUITE 1020

(Principal office address MUST BE A STREET ADDRESS)

ALTAMONTE SPRINGS, FL 32701

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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TAMPA FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

✓ Dated _____, 19____

Signature of a member or authorized representative of a member

MEHESH DHINGRA

Typed or printed name of signee

FILED
2019 MAY 12 P 4: 33
CLERK OF STATE
TREASURY OF FLORIDA